## **Charitable Health Care Provider Program Point of Entry Agreement – Other Organizations**

Organization Nam	ne:		
Address: _			
	Street Address		
_	City	State	Zip
Point of Contact N	Name and Title:		
Phone Number: _		Fax	Number:
Email Address: _			
		nt constitutes the intent of thi d on a not-for-profit basis.	is organization to serve as a point of entry for
discounted fee bas private insurance.	sed on the patient's abili	ty to pay (discounted/sliding fee schedule must be in writi	earning less than 200% of the federal poverty level g fee schedule) and may submit claims to public or ing, and information must be publicly posted to
			er that provides care through the point of entry may r those patients that are publicly insured.
<ol> <li>determine</li> <li>refer med or in anot</li> </ol>	ically indigent individua her location; and	en through the point of entry els to a charitable health care	are medically indigent; provider providing care either at the point of entry etivity report to KDHE (KAR 28-53-1).
	ny of these duties will re vironment with the above	9	greement by the Secretary of the Kansas Departmen
Authorized Signat	ture	Date	<u> </u>
Susan Mosier, MI	D, Secretary	Date	<u> </u>

If a charitable provider is sued by the recipient of his or her charitable care, they must request representation from the state in writing within 15 days after service of process or subpoena (KSA 75-6108(e)). Charitable providers served with a summons or petition should immediately contact the Kansas Attorney General's office at 785-296-2215.